



Corres. and Mail
BOX AF

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3622

02280.002680

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

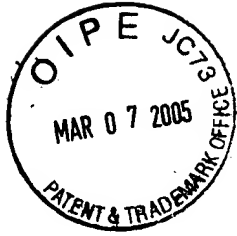
In re Application of:)	
	:	Examiner: Khanh H. Le
NEIL A. WILLCOCKS ET AL.)	
	:	Group Art Unit: 3622
Application No.: 09/731,834)	
	:	
Filed: December 8, 2000)	
	:	
For: TIME VARIABLE INCENTIVE)	
FOR PURCHASING GOODS AND :	:	
SERVICES)	March 4, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated January 12, 2005, please amend
the above-identified application, as follows.



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AF ZMW

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3622

In re Application of:

Docket No. 02280.002680

NEIL A. WILLCOCKS ET AL.

Application No.: 09/731,834

Examiner: Khanh H. Le

Filed: December 8, 2000

Group Art Unit: 3622

For: TIME VARIABLE INCENTIVE FOR
PURCHASING GOODS AND SERVICES

March 4, 2005

Mail Stop AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	39	MINUS	40	= 0	x \$9 \$18	0.00
INDEP. CLAIMS	7	MINUS	7	= 0	x \$43 \$86	0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Michael P. Sandomato
Registration No. 35,345

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New York, New York 10112-3800
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